

CONDOMINIUM/HOMEOWNERS ASSOCIATION APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____
_____ Phone Number for Inspection Contact: _____

Proposed Policy Period: _____ to: _____
Insured is Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION:

Number of: Single Family Units: _____ Condominium Units: _____ Townhouse Units _____ % Owner Occ _____ % Tenant Occ. _____
Stories (> 7 stories, submit) _____ Does Developer retain any interest in the Association? No Yes (If yes, submit)
Construction _____ Age _____ Total Square Footage _____ Number of miles of streets Assoc. maintains _____
Year of latest update for: Roof _____ Plumbing _____ Wiring _____ (If aluminum wiring verify all outlets are pigtailed.)
Surrounding area: Improving Stable Declining

GENERAL LIABILITY INFORMATION:

SECURITY:

Does the Association employ security guards? Yes No If yes, are guards independent contractors or employees of the association? If guards are independent contractors a certificate of insurance must be obtained from the service. If guards are employees of the association rate separately. Basis of premium is total payroll. Submit for armed guards.

RECREATIONAL FACILITIES:

Complete for swimming pools or lakes

Pools: Number of Pools _____ Is pool fenced from all units? Yes No (If no, submit)
Self locking gates? Yes No Does the pool have depth markers? Yes No
Are rules posted? Yes No Is there lifesaving equipment in place? Yes No
Is there a lifeguard? Yes No Is there a diving board? Yes No
Is there a slide? Yes No (If yes submit) If yes what is the height? _____ (If over 1 meter long, submit.)
Does association sponsor a swim or dive team? Yes No If yes submit.

Ponds/Lakes:

Number of lakes/ponds? _____ Number of acres: _____ Max. depth of water _____
Is the lake fence? Yes No If no, are rules posted concerning use at your own risk? Yes No (Submit)
Is swimming allowed? Yes No If yes are signs posted swim at your own risk? Yes No (Submit)
Any diving platforms? Yes No If yes, submit.
Any docks or piers? Yes No If yes signs must be posted no jumping or diving allowed.
Any watercraft rental? Yes No If yes describe number and type _____
A rental agreement with a holdharmless agreement must be used.
Any waterskiing or jet ski allowed on lake? Yes No If yes, submit.

ADDITIONAL EXPOSURES:

Describe playground equipment (e.g. fenced condition, height, etc.) _____

Number of: Volleyball Courts _____ Tennis Courts _____ Basketball Courts _____ Baseball Fields _____
Parks(acres) _____ Clubhouse(Sq. ft.) _____ Biking Trails(miles) _____ Jogging Trails(miles) _____

BUILDING INFORMATION:

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			

Year of latest update for: Roof _____ Plumbing _____ Wiring _____
 Year of latest update for: Roof _____ Plumbing _____ Wiring _____
 Year of latest update for: Roof _____ Plumbing _____ Wiring _____

LIMITS & COVERAGES - PROPERTY

DEDUCTIBLES: BUILDINGS - \$ _____ BPP - \$ _____ BUSINESS INCOME - \$ _____
 CAUSES OF LOSS: Basic Broad Special
 VALUATION: A.C.V R.C. Market Value (Submit)

	LOC. 1	LOC. 2	LOC. 3
LIMITS			
BUILDING %Coinsurance	\$ _____	\$ _____	\$ _____
BPP %Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME %Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
SIGNS (Describe):	\$ _____	\$ _____	\$ _____
TOTAL LIMITS:	\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES:

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

PREMISES FIRE PROTECTION:

Type (Smoke Detection, Alarms, Fire Sprinklers, etc.)

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE: INCLUDED
 PERSONAL & ADVERTISING INJURY: _____
 EACH OCCURRENCE: _____
 FIRE DAMAGE: _____
 MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

Firestone Agency of Florida Inc. for the insurer
Insurance Underwriters | Excess & Surplus Lines Brokers | MGA

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Submissions: quotes@firestoneagency.com | Members: AAMGA . NAPSLO . FSLA

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.